

CARDIOLOGY :

(((BLOOD PRESSURE)))

TTT essential Hypertension (OCT 2011)

- 1- non pharmacological ttt : w.t diet exercise
- 2- pharmacological ttt : anti htn drugs
(ACEI/ ARBs/ ANTI ADRENERGICS /BB /CCB/ DIURETICS /DILATORS)
- a) benign htn : step care therapy
- b) urgent htn : ER (triple therapy)
- c) emergent htn: ICU (I.V then oral anti htn drugs)

6 causes of 2ry hypertension (OCT 2011)(Kasr 2008-07-06)

TTT of hypertensive encephalopathy with doses(OCT 2011)(Kasr 2012)

Management with doses of renal hypertension (OCT 2012)

- 1 -CP
- 2- INV
- 3- DD (causes of renal HTN)
- 4- TTT

- (A) SYMPTOMATIC
(B) SPECIFIC
a) if benign or urgent HTN

GIVE: alfa methyl dopa / hydralazine / frusimide
NOT GIVE: spironolactone / ACEI / ARBs
CAUTIOUSLY GIVE : BB (pt is impending HF)

- b) if HTN emergency (ARF)

- 1- ICU
- 2- I.V (same drugs)
- 3- ORAL : as stage 3 (BB + CCB + diuretic : frusimide)

- (C) TTT OF THE CAUSE
a) renal A stenosis → surgical
b) ARF → dialysis

- (D) TTT OF COMPLICATIONS

5 Investigations for hypertension in 18y old patient (Kasr 2012)

5 causes of systemic hypertension unresponsive to more than 3 drugs (Kasr 2010)

resistant (refractory) HTN

persistent DBP > 100 mmhg

despite of use > 3 drugs

due to :

- 1- inadequate ttt
- 2- poor compliance to ttt (drugs / diet)
- 3- E.C vol expansion due to
 - a) renal insufficiency
 - b) Na retention (S.E of V.D)
 - c) high Na in diet
 - d) insufficient dose of diuretic
- 4- 2ary htn

Explain: encephalopathy may occur with sever hypertension (Kasr 2010-04)

Discuss diagnosis of hypertension in 16y old patient (KASR 2009)

- (A) causes (DD) of 2ary htn
(NB obesity / kidney disaesa / drugs are more common other causes are less common)

(B) clinical approach :

1- history : ==>

a) age

b) sex

c) symp

d) history of the cause

2- signs : ==> bp measured on 3 sessions . 140 / 90 3-

comps :

4- investigations

**Enumerate hypertensive emergencies and give account on 3 hypotensive drugs
(Kasr 2004)**

1- AMI

2-acute pulm edema

3- dissecting aortic aneurysm

4- SAH

5- cerebral hge

6- hypertensive encephalopathy

7- ARF

8- accelerated HTN

9- malignant HTN

Diagnosis of malignant hypertension (Kasr 2004)

=> malignant htn = sever htn > 220 / 120 + target organ damage + retinopathy (stage 4)

(A) CP

1- symptoms

2- signs :

a) general

* bp : 220/120 persistent elevated (2 times / 2 occasions)

* fundus exam : papilloedema + (other grades of retinopathy)

b) cardiac

(B) COMP

1- target organ damage

2- retinopathy (grade 4)

(C) INV

Causes of Considerable difference in blood pressure between upper and lower limbs (Kasr 2005)

1- SBP of LL > UL

a)- physiological (up to 20 mmhg)

b) pathological .(> ... 20 mmhg) ==> AR

2- SBP of LL < UL

a) AORTIC dissection

b) AORTIC coarctation

c) AORTIC saddle thrombus (Le Riche S)

4 causes of pulmonary hypertension (Kasr 2008)

Causes of hypokalemia in a hypertensive patient

1-manifestation of the cause

a) nephrotic \$

b) cushing \$

c) conn.s d

2- manifestation of complication

a) H.F

3- side effect of ttt

a) diuretics

b) ttt dyslipidemia ==> vomiting & diarrhea

TTT of Hypertensive retinopathy

=> ttt htn emergency

invest for a 33 pt with hypertension discovered accidentally (10 M)

1- INV OF THE CAUSE : discuss all causes and all its invs

2-INV OF THE COMPS : discuss all comps and all its invs

3- INV OF OTHER MANIFESTS OF ATHEROSCLEROSIS

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(((RHEUMATIC AND INFECTED ENDOCARDITIS)))

Aetiology ant TTT of infected endocarditis (OCT 2011-12)

TTT of infected endocarditis (Kasr 2004)

Investigation of Subacute bacterial endocarditis (OCT 2011)

CL/P of rheumatic fever (OCT 2011)(Kasr 2005)

Management of 32y old lady had mitral regurge going for cystoscopy (OCT 2012)

1- c/p & invest of MR

2-medical ttt of MR

(NB: profelactic antibiotics against INFECTIVE ENDOCARDITIS for cystoscopy ==> ampicillin or vancomycin (with doses)

Prophylaxis against Subacute bacterial endocarditis (with doses) (OCT 2012)

Prophylaxis against Rheumatic fever (with doses) (OCT 2012)

CL/P of infected endocarditis (OCT 2012)

Mention 2 major and 3 minor criteria for diagnosis of : (Kasr 2011)

a) Rheumatic fever

b) Subacute bacterial endocarditis

Predisposing factors and ttt of infected endocarditis (Kasr 2010)

Discuss diagnosis of fever in patient with rheumatic heart disease (KASR 2009)

(rheumatic heart disease = valve damage that occurs after RF)

answer

1- c/p of RF

(NB : fever is a minor criteria of RF due to pharyngeal inf with group a b hemolytic streptococci

pt with rheumatic heart disease would have tachycardia

tachycardia is dispropotionate to fever due to compensatory tachycardia (impending HF)

2- dd of fever in cardiac pt

3- inv of RF

Investigation, prophylaxis, ant TTT of rheumatic fever (Kasr 2006)

Investigation, prophylaxis, ant TTT of infected endocarditis (Kasr 2006)

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(((HEART FAILURE)))

Causes of Rt side heart failure (OCT 2011)

Management of Congestive heart failure (OCT 2012)

Congestive heart failure (RHF 2ary to LHF)

1- cp (just headdings)

2- inv (just headdings)

3- ttt

==> plan of ttt (hawary page 14)

+ some details accord to the mark

6 causes of Acute heart failure (OCT 2012)

ACUTE HF

(A) ETIOLOGY

1- LVF

AMI, Acute MR following SBE, Malignant hypertension, Arrhythmias as VF & VT

2 RVF

AMI, Acute PE, Massive lung collapse, tension pneumothorax

3 Biventricular failure

acute myocarditis

(B) C/P : same except chamber enlargement II edema and ascitis

(C) INV : same except chamber enlargement

(D) TTT : ttt hf + ttt cause

Outline ttt of acute pulmonary edema with doses(OCT 2011)(Kasr 2012)

Explain : Chronic heart failure causes pleural effusion (Kasr 2010)

Enumerate causes of diastolic heart failure (KASR 2009)

Causes, diagnosis, and TTT of cardiac and non-cardiac pulmonary edema (Kasr 2009)

Precipitating Causes of heart failure (Kasr 2007)

Causes of haemoptysis in LSHF (Kasr 2004)

- 1- pulm congestion
- 2- pulm infarction
- 3- pulm infection
- 4- rupture bronchial varices
- 5- rupture aortic aneurysm

Causes of orthopnea in LSHF (Kasr 2004)

==> dyspnea in recumbancy due to

1- increase VR to heart ==> pulm congestion ==> dyspnea

2- elevation of diaphragm ==> encroach on vital capacity of lung ==> compensatory tachypnea (dyspnea)

3- improper use of chest wall ms

Give reason for orthopnea in Lt side heart failure (Kasr 2006)

==> dyspnea in recumbancy due to

1- increase VR to heart ==> pulm congestion ==> dyspnea

2- elevation of diaphragm ==> encroach on vital capacity of lung ==> compensatory tachypnea (dyspnea)

3- improper use of chest wall ms

causes of diuretic resistance 2009

1-Lack of salt restriction : tt by adequate salt restriction

2-Severe hypoalbuminemia :tt by IV albumin

3-Dilutional Hyponatremia : tt by fluid restriction & Iv manitol

4-Serious problems as : TB peritonitis , Malignant ascitis

Side effects of lanoxin & cordarone 2009

Digoxin = lanoxin

Cordarone =amiodarone

Causes of diastolic H.F:

1- AS

2- CP

3- Cardiac tamponade

4- HTN

5- IHD

6- RCM (amyloidosis / sarcoidosis)

(((ARRYTHMIA)))

6 causes of atrial fibrillation (OCT 2011) (Kasr 2008)

Management with doses of atrial fibrillation (OCT 2012)

Management of VT (with doses) (OCT 2012)

5 Causes of sinus tachycardia (Kasr 2011)

Causes of tachycardia (Kasr 2004)

4 causes of sinus bradycardia (kasr 2008)

Outline TTT of atrial fibrillation (Kasr 2011)

5 causes of ectopic ventricular beats(Kasr 2012)

ectopic ventricular beats = extracystole = premature beats

Causes and management of Rapid atrial fibrillation (Kasr 2009)

=> all causes except causes of slow AF

Causes of slow AF (Kasr 2006)

- 1- digitalis
- 2- BB
- 3- lone AF
- 4- associated HB

Difference between AF and Multiple extra systole (Kasr 2005)

Aetiology, diagnosis, DD, complication, TTT, TTT of complication of AF (Kasr 2002)

causes of tachycardia

1- REGULAR TACHYCARDIA

- a) sinus tachy
- b) S.V.T
- c) V. tach
- d) A. flutter

2- IRREGULAR TACHYCARDIA

- a) A.F
- b) extracystole
- c) sinus arrhythmia

enumerate causes of each & just few words about each cause

NB : causes of S.V.T/ V. tach / A. flutter / A.F / extracystole
almost the same

Af is common in elderly patients

- 1ary :of unknown etiology - more common in elderly
2ary : old pt more prone to CAD & HTN

(((ANGINA AND MI)))

Risk factors of coronary heart disease (OCT 2011-12)

Risk factor of atherosclerosis (Kasr 2012)

Anatomy of coronary circulation (Kasr 2004)

Complication of AMI (OCT 2012)

Investigation for Angina pectoris (OCT 2012)

Outline TTT of Angina pectoris (Kasr 2011-04)

Describe drug therapy (with doses and side effects) of Unstable angina
(Kasr 2009)

Causes of painless MI (Kasr 2005)

Give account on heparin therapy (Kasr 2005)

Give account on oral anticoagulant (Kasr 2004)

How can you differentiate angina from AMI (Kasr 2005)

Diagnosis and TTT of AMI (Kasr 2003)

TTT of the following MI complication (acute pulmonary edema - premature beat) (Kasr 2003)

(((SYMPTOMATOLOGY)))

Non cyanotic causes of clapping (Kasr 2005)

Causes of differential cyanosis (Kasr 2005)

differential cyanosis : cyanosis in ll only

due to :PDA with

- pulm HTN (Eisenmenger \$)
- preductal coarctation of aorta

Causes of lower limbs edema (Kasr 2007)

Causes of unequal pulse of upper limbs (Kasr 2005)

Causes of water hammer pulse (Kasr 2005)

4 causes of congested neck veins (Kasr 2008)

Causes of congested non pulsating neck veins (Kasr 2005)

Causes of hyperdynamic circulation (Kasr 2005)

Causes of pulsus paradoxus (Kasr 2006)

Causes of split second sound over pulmonary area (Kasr 2006)

5 causes of central cyanosis (Kasr 2008)

Difference between bronchial and cardiac asthma (Kasr 2004)

Define and mention causes of Syncope (OCT 2012)(Kasr 2009-08)

Cardiac causes of chest pain (OCT 2012) (Kasr 2011)

enumerate 4 causes of pale clubbing

causes of non cyanotic (pale) clubbing

1- CVS :.....SBE

2- CHEST : SLS / cryptogenic ILD / severe cases of tb

3- GIT: 1ary biliary cirrhosis / intestinal polyposis / IBScancer colon /cancer stomach

4- FAMILIAL

5- TRAUMATIC

6- PSEUDO CLUBBING

(((OTHERS)))

Management of cardiac arrest (basic life support) (OCT 2012)

TTT of cardiac arrest (OCT 2012)

Outline how to deal with Cardiac arrest (Kasr 2011)

CL/P and TTT of cardiogenic shock (Kasr 2004)

Discuss diagnosis of dilated cardiomyopathy (KASR 2009)

Management of DVT (OCT 2012)

Enumerate 4 risk factors of DVT (Kasr 2009)

Complication of AS (OCT 2012)